

ALABAMA BOARD OF MASSAGE THERAPY

610 South McDonough Street
Montgomery, Alabama 36104

Phone: 334/269-9990

FAX: 334/263-6115

E-mail: ALMTBD@aol.com

RENEWAL INFORMATION

Establishment Name _____
Establishment License Number _____ E- _____
Owner(s) _____
Mailing Address _____
City _____ State _____ Zip _____

The Code of Alabama, 1975, Section 34-43-13. License renewal; reinstatement. states in part, "(a) Each license shall be renewed biennially, on or before the anniversary date, by forwarding to the board a renewal application accompanied by the renewal fee. Any license not renewed biennially on or before the anniversary date shall expire."

In order to renew your license, please submit the following to the address listed above:

- Completed Renewal Application (See Below)
- *Copy of Current Liability Insurance.*
- \$50.00 License Renewal Fee (All fees must be sent in the form of a certified check or money order made payable to ALMTBD).

Twenty-five (\$25.00) dollars shall be added to all license fees not post marked or received by the Board 90 days after the expiration date of the license.

If there has been any change in your address, phone numbers, preferred mailing address, etc., please list, (if changes in ownership or name of establishment attach reasons, circumstances for change thereof):

Name of establishment or Out Call/On Site Service: _____

Physical Location of the Business: _____

Preferred Mailing Address: _____

Business Telephone: _____ Fax: _____

List the massage therapist(s) and their license number(s) that are employed at this establishment: _____

Name of Owner(s) or legal agent: _____

Owner(s) Home Address and Telephone Number _____

Owner(s) Social Security Number: _____ E-mail/Web-site address: _____

Professional Licensure History - (attach additional sheets if necessary) – Please check

DURING THE PREVIOUS 24 MONTHS:

A) Have you ever been refused a license or certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction? ___Yes ___No

B) Have you had a license or certification of registration to practice massage or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority? ___ Yes ___No

D) Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist establishment owner? ___Yes ___No

If you answered yes to any of the above questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or Facility who treated you to furnish the board with any information the board requests with respect to any such treatment. ___Attached to this form ___On file in the Board Office

****Notarized****

Licensee Attestation

I, _____, certify that I am the person described and identified in this application. I attest that I have answered all questions truthfully and completely and that the documentation provided in support of the application is, to the best of my knowledge, accurate. Should I furnish false information in this application I herby agree that such an act shall constitute cause of denial, restriction, suspension, or revocation of my license to practice as a massage therapist in the State of Alabama. I further understand the board may require additional information from me prior to making a determination regarding my application.

The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Board, if a complaint is filed against you, deems proper and said applicant further agrees to furnish any additional information requested by the Board and agrees to appear before the Board in person if requested to do so.

Licensee's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY SEAL-SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRATION

HAVE YOU ENCLOSED: ☐ \$50.00 License Renewal Fee (Certified Check or Money Order)

Check #: _____ Date: _____

☐ **Copy of current liability insurance**

☐ \$25.00 Late Fee (If renewing 90 days after Expiration Date)

☐ Check #: _____ Date: _____